



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

RECEIVED DHSS Breath Alcohol Program
By Carol Day at 10:06 am, Mar 01, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 204190 / 127310	DATE OF INSPECTION 02-21-2010
LOCATION OF INSTRUMENT (STREET AND CITY) Polk County Sheriff's Department (Jail) Bolivar, Missouri	TIME OF INSPECTION 1409

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

☒ **INDICATOR LIGHTS**

☒ **TIME AND DATE**

☒ **SIMULATOR TEMPERATURE** (34 °C ± 0.2 °C)

☒ **CALIBRATION CHECK:-**
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> 0.102%	TEST 2 <input checked="" type="checkbox"/> 0.104%	TEST 3 <input checked="" type="checkbox"/> 0.105%
---	---	---

☒ **PERFORM R.F.I. TEST (PRINTOUT ATTACHED)**

☒ **NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS 0	(0-.04) 6	(.05-.09) 1	(.10-.14) 0	(.15-.19) 2	(Over .19) 0
------------	-----------	-------------	-------------	-------------	--------------

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Instrument Is Working Properly And Within D.O.H. Guidelines .10%
Solution From RepCo Marketing LOT #09002, Bottle #1526, Expiration Date August 31, 2011

Simulator Temperature Was 34 Degrees Celsius

The Time And Date Was Correct On The Datamaster And Evidence Tickets

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME J.D. Fugett
TYPE II PERMIT NUMBER/EXPIRATION DATE 920002 / 01/15/2011	TELEPHONE NUMBER (417) 895-6868

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 09002

EXPIRATION DATE: August 31, 2011 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 09002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1206 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is September 1, 2009.
The expiration date for this lot number is August 31, 2011 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marking, Inc.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JEFFERY D FUGETT

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 01/15/09
Number 920002
Expires 01/15/2011

MO 580-0771 (7-88)

John J Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

ALABAMA STATE HIGHWAY PATROL
AND AIRPORTER SERVICE BUREAU
B-208-02

DATE OF TEST

TIME OF TEST

TEST LOCATION

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

TESTER'S SIGNATURE

TESTER'S NAME	TESTER'S PHONE	TESTER'S ADDRESS
ALABAMA STATE HIGHWAY PATROL	B-208-02	ALABAMA STATE HIGHWAY PATROL
AND AIRPORTER SERVICE BUREAU	B-208-02	AND AIRPORTER SERVICE BUREAU
B-208-02	B-208-02	B-208-02
B-208-02	B-208-02	B-208-02
B-208-02	B-208-02	B-208-02
B-208-02	B-208-02	B-208-02
B-208-02	B-208-02	B-208-02
B-208-02	B-208-02	B-208-02

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

Operator Signature

9. D. 2. 501

2208-02

Operator Signature

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

ALABAMA STATE HIGHWAY PATROL
AND AIRPORTER SERVICE BUREAU
B-208-02
1/1/80

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

TESTER'S NAME

TESTER'S PHONE

TESTER'S ADDRESS

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

ALCOHOL & DRUG SCREENING UNIT
LAB. SERVICES FOR NEWARK JAIL
04/21/00

DATE OF TEST: 04/21/00
SUBJECT: [illegible]
LOCATION: [illegible]
CASE NUMBER: [illegible]
INSTITUTION: [illegible]
ANALYST: [illegible]
LABORATORY: [illegible]
TESTS: [illegible]
RESULTS: [illegible]
PREPARED BY: [illegible]
REVIEWED BY: [illegible]
LABORATORY: [illegible]
ANALYST: [illegible]

ALCOHOL & DRUG SCREENING UNIT

NAME	DATE	TIME
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

Operator Signature

9.0 [illegible] #501